



08-03-05 B1 er 16/4

PTO/SB/21 (09-04)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

09/864,920

Filing Date

May 23, 2001

First Named Inventor

Piomelli, Daniele

Art Unit

1614

Examiner Name

Donna A. Jagoe

Attorney Docket Number

02307E-144410US

## ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a Provisional Application



Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_



Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board of Appeals and Interferences



Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify below):

Return Postcard



Certified Copy of Priority Document(s)



Reply to Missing Parts/ Incomplete Application



Reply to Missing Parts under 37 CFR 1.52 or 1.53

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

*Frank J. Mycroft*

Printed name

Frank J. Mycroft

Date

August 1, 2005

Reg. No.

46,946

## CERTIFICATE OF TRANSMISSION/MAILING

Express Mail Label: EV 606 078 424 US

I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on the date indicated below, and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

*Marta Vanegas*

Typed or printed name

Marta R. Vanegas

Date

August 1, 2005

AUG 01 2005

PTO/SB/17 (12-04)

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 180

**Complete if Known**

Application Number	09/864,920
Filing Date	May 23, 2001
First Named Inventor	Piomelli, Daniele
Examiner Name	Donna A. Jagoe
Art Unit	1614
Attorney Docket No.	02307E-144410US

**METHOD OF PAYMENT (check all that apply)**

☐ Check 
 ☐ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee  
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**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

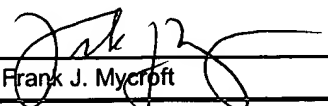
Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Information Disclosure Stmt

**Fees Paid (\$)**

180

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 46,946	Telephone 925-472-5000
Name (Print/Type)	Frank J. Mycroft		Date August 1, 2005

"Express Mail" Label No. EV 606 078 424 US

Date of Deposit August 1, 2005

PATENT  
Attorney Docket No.: 02307E-144410US  
Client Reference No.: 2000-202-2

whereby certify that this is being deposited with the United States Postal  
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

By:

*Marta Vanegas*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Daniele Piomelli

Application No.: 09/864,920

Filed: May 23, 2001

For: A NOVEL TREATMENT FOR  
COUGH

Group Director: 1614

Examiner: Donna A. Jagoe

Art Unit: 1614

SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT UNDER 37  
CFR §1.97(d) and §1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are enclosed.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

08/04/2005 ZJUHAR1 00000024 201430 09864920  
01 FC:1806 180.00 DA

This IDS is being filed on or before payment of the issue fee.

CERTIFICATION

I hereby certify that each item of information contained in this Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.

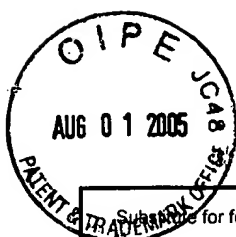
Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Frank J. Mycroft  
Reg. No. 46,946

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
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FJM:mr  
60551415 v1



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (use as many sheets as necessary)		<b>Complete if Known</b>			
		Application Number	09/864,920		
		Filing Date	May 23, 2001		
		First Named Inventor	Piomelli, Daniele		
		Art Unit	1614		
		Examiner Name	Donna A. Jagoe		
Sheet	3	of	1	Attorney Docket Number	02307E-144410US

<b>NON PATENT LITERATURE DOCUMENTS</b>			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	1	Zou, G., "Endogenous cannabinoid system." <i>Life Sciences</i> , Vol. 9, No. 5, pp. 197-199, Oct. 1997, Shanghai Institute of Materia Medica, Chinese Academy of Sciences, Shanghai 200031	✓

60551415 v1

Examiner Signature		Date Considered	
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

60551415 v1